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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	TI-36490
	First Inventor	Orcutt
	Title	Multilayered Oscillating Device With Spine Support
	Express Mail Label No.	EL 990142401 US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop: Patent Application P. O. Box 1450 Alexandria VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 33] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15]	b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul>
5. Oath or Declaration [Total Sheets 1] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none"><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></li></ul>	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input checked="" type="checkbox"/>	Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/>	English Translation Document (if applicable)
12. <input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/>	Preliminary Amendment
14. <input checked="" type="checkbox"/>	Two (2) Return Receipt Postcards (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/>	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input type="checkbox"/>	Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: _____
Prior application information: Examiner _____		Group Art Unit: _____	

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number	23494			or	<input type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)					
Name	Bill Kempler				
	Texas Instruments Incorporated				
Address	P. O. Box 655474 M/S 3999				
City	Dallas	State	Texas	Zip Code	75265
Country	US	Telephone	972-917-5440	Fax	972-917-4418

Name (Print/type)	James C. Kesterson	Registration No. (Attorney/Agent)	25,882
Signature	<i>James C. Kesterson</i>	Date	October 9, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop: Patent Application, P. O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 1,008.00)

Attorney Docket No.

TI-36490

## Complete if Known

Application Number

TBD

Filing Date

Herewith

First Named Inventor

Orcutt

Examiner Name

TBD

Group Art Unit

TBD

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit AccountDeposit  
Account  
Number  
Deposit  
Account  
Name

20-0668

Texas Instruments Incorporated

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
		Utility filing fee	770.00
		Design filing fee	
		Plant filing fee	
		Reissue filing fee	
		Provisional filing fee	

SUBTOTAL (1) (\$ 770.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
31	-20**= 11	18	198.00
1	-3**= 0	86	0
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 198.00)

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
		Surcharge - late filing fee or oath	
		Surcharge - late provisional filing fee or cover sheet	
		Non-English specification	
		For filing a request for <i>ex parte</i> reexamination	
		Requesting publication of SIR prior to Examiner action	
		Requesting publication of SIR after Examiner action	
		Extension for reply within first month	
		Extension for reply within second month	
		Extension for reply within third month	
		Extension for reply within fourth month	
		Extension for reply within fifth month	
		Notice of Appeal	
		Filing a brief in support of an appeal	
		Request for oral hearing	
		Petition to institute a public use proceeding	
		Petition to revive - unavoidable	
		Petition to revive - unintentional	
		Utility issue fee (or reissue)	
		Design issue fee	
		Plant issue fee	
		Petitions to the Commissioner	
		Processing fee under 37 CFR 1.17(q)	
		Submission of Information Disclosure Stmt	
		Recording each patent assignment per property (times number of properties)	40.00
		Filing a submission after final rejection (37 CFR § 1.129(a))	
		For each additional invention to be examined (37 CFR § 1.129(b))	
		Request for Continued Examination (RCE)	
		Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 40.00)

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	James C. Kesterson	Registration No. (Attorney/Agent)	25,882	Telephone	972-732-1001
Signature	<i>James C. Kesterson</i>			Date	October 9, 2003

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Applicant:	Orcutt	Docket No.:	TI-36490
Serial No.:	TBD	Art Unit:	TBD
Filed:	Herewith	Examiner:	TBD
For:	Multilayered Oscillating Device With Spine Support		

**Slater & Matsil, L.L.P.**  
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